## UNITED STATES PATERIA & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                             |                       |                 |          |  |  |  |
|---|-----------------------|-----------------|----------|--|--|--|
| 1 Date of Request: 11/24/04 2 Serial/Patent # 09/757, 774 |                       |                 |          |  |  |  |
| 3 Please refund the following fee(s):                     | 4 PAPER<br>NUMBER     | 5 DATE<br>FILED | 6 AMOUNT |  |  |  |
| Filing  |                       |                 | \$       |  |  |  |
| Amendment   |                       |                 | \$       |  |  |  |
| Extension of Time   |                       | 11/04           | \$ 490   |  |  |  |
| Notice of Appeal/Appeal                                   |                       |                 | \$       |  |  |  |
| Petition  |                       |                 | \$       |  |  |  |
| Issue   |                       |                 | \$       |  |  |  |
| Cert of Correction/Terminal Disc.                         |                       |                 | \$       |  |  |  |
| Maintenance   |                       |                 | \$       |  |  |  |
| Assignment  |                       |                 | \$       |  |  |  |
| Other   |                       |                 | \$       |  |  |  |
|   | 7 TOTAL AMOUNT S 490  |                 |          |  |  |  |
| 8 TO BE REFUNDED  |                       |                 | BY:      |  |  |  |
| 10 REASON:  | Treasury Check        |                 |          |  |  |  |
| Overpayment   | Credit Deposit A/C #: |                 |          |  |  |  |
| Duplicate Payment   | 950-2212              |                 |          |  |  |  |
| No Fee Due (Explanation):                                 |                       |                 |          |  |  |  |
| Unnecessa   | vs                    |                 |          |  |  |  |
|   |                       | ·               |          |  |  |  |
|   |                       | · ·             |          |  |  |  |
| 11 REFUND REQUESTED BY:                                   |                       |                 |          |  |  |  |
| TYPED/PRINTED NAME: WAN LAYMON TITLE: Pet. Exame          |                       |                 |          |  |  |  |
| SIGNATURE: Ulan Lerym PHONE:                              |                       |                 |          |  |  |  |
| OFFICE:   |                       |                 |          |  |  |  |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:                 |                       |                 |          |  |  |  |
| APPROVED: UND DATE: 11/20/04                              |                       |                 |          |  |  |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90) PT O/SB/22 (08-03)
Approved for use through 07/31/2008. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

| PETEN FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |  |   | Docket Number (Optional) 041828-0276361 |                                       |  |  |  |
|---|--|---|---|---------------------------------------|--|--|--|
| In re Application of HOW.   |  | ard M. Dintzis, et                                  | AL                                      |                                       |  |  |  |
|   | Application N  | Application Number 09/757,774 Filed January 9, 2001 |   |                                       |  |  |  |
|   | FOR THERAPEUTIC SUPPRESSION OF SPECIFIC IMMUNE RESPONSES |   |   |                                       |  |  |  |
|   | Art Unit   | 1646  | Examiner                                | David A. Saunders, Ph.D.              |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |   |   |                                       |  |  |  |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):  |  |   |   |                                       |  |  |  |
| One month (37 CFR 1.17(a)(1))   |  |   |   | \$                                    |  |  |  |
| Two months (37 CFR 1.17(a)(2))  |  |   |   | \$                                    |  |  |  |
| Three months (37 CFR 1.17(a)(3))  |  |   |   | \$ 980.00                             |  |  |  |
| Four months (37 CFR 1.17(a)(4))   |  |   |   | \$                                    |  |  |  |
| Five months (37 CFR 1.17(a)(5))   |  |   | ı                                       | \$                                    |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_490.00  |  |   |   |                                       |  |  |  |
| A check in the amount of the fee is enclosed.   |  |   |   |                                       |  |  |  |
| Payment by credit card. Form PTO-2038 is attached.  |  |   |   |                                       |  |  |  |
| The Director has already been authorized to change fees in this application to a Deposit Account.   |  |   |   |                                       |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 502212   |  |   |   |                                       |  |  |  |
| I have enclosed a duplicate copy of this sheet.   |  |   |   |                                       |  |  |  |
| I am the applicant/inventor.  |  |   |   |                                       |  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |  |   |   |                                       |  |  |  |
| attorney or agent of record. Registration Number  |  |   |   |                                       |  |  |  |
| attorney or agent under Registration number if ac   | r 37 CFR 1.34<br>ting under 37 Cl                        | I(a).<br>FR 1.34(a)                                 |   |                                       |  |  |  |
| WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2058.                      |  |   |   |                                       |  |  |  |
| 11/ 29 2004   |  | Ma  |   |                                       |  |  |  |
| 110 29 2004<br>Date   | ,  | 12/0  | Z Signat                                |                                       |  |  |  |
| (858) 509 - 409 3<br>Telephone Number   |  | Reg. No.  | . Perdue, Ph.D.<br>51166                | · · · · · · · · · · · · · · · · · · · |  |  |  |
| •   |  |   | Typed or prin                           |                                       |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |   |   |                                       |  |  |  |

Total of

forms are submitted.

This collection of information is required by 37 CFR 1.38(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

11/02/2004 MABDELRI 00000025 502212

**477774** 

490.00 DA